File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

# **DISCLOSURE SUMMARY PAGE**

| COMMITTEE NAME (Must be same as on Statement of Organization)  |  |            | 7 15 08<br>2 101 101 17 AM 9: 05   |  |
|--|--|------------|--|--|
|  |  |            |  |  |
| CANDIDATE COMMITTEES ONLY:   |  |            | Comm. #  |  |
| Candidate Name   | Political Party (if applicable)                      | :          | Logged In S Scanned Computer   |  |
| Office Sought  | District (if Senate or House)                        |            | Audited  |  |
| Late reports are subject to possible civil and criminal penalties. Pr  | ursuant to Iowa Code sections 68B.32                 | A(7) and 6 |  |  |
| SIGNATURE OF PERSON FILING REPORT  | TELEPHONE  |            | 2 - 15 - 08<br>DATE SIGNED   |  |
|  |  |            |  |  |
| (report date)  CHECK IF AMENDMENT TO REPORT DATED  Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed |  | Local Com  | nmittees, enter Date of Election  Local Committees, enter County in tion is held |  |
| STATEMENT OF CASH ON HAND  CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the committee.)                             | tal of all funds held by the cash on hand at the end |            |  |  |
| of the last reporting period or must be zero if this is fil  | rst report filed.)                                   | \$         | 5,650  |  |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD   |  |            | 500  |  |
| Schedule A: Cash Contributions total (Attach Schedu  |  |            | 500  |  |
| Schedule H: Total Salas of Companies Property (Atta  | ·  |            | 0  |  |
| Schedule H: Total Sales of Campaign Property (Atta-<br>(Schedule H applies to Candidates' Comn   |  |            | <u> </u>   |  |
| Tochedule if applies to Candidates Comin   | SUB-TOTAL  | •          | 6,150  |  |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD   | JOB-101AL  | Ψ          |  |  |
| Schedule B: Expenditures total (Attach Schedule B) (   | (**also see debts and loans below)                   |            | 1,300  |  |
| Schedule F: Loan Repayments total (Attach Schedule   | · ·  |            | 0  |  |
| ASH ON HAND at the end of this reporting period (if final repo   | •  |            | 4.850  |  |
| UNPAID BILLS (From Schedule D - Attach Schedule D)   |  |            |  |  |
| N KIND CONTRIBUTIONS (From Schedule E - Attach Sched   |  |            | N/A<br>N/A   |  |
| OUTSTANDING LOANS (From Schedule F - Attach Schedule   | ,  |            | N/A  |  |
|  | • • J  | Φ          |  |  |
| ONSULTANT BREAKDOWN (Schedule G Attached?)   |  |            | VES NO   |  |
| ONSULTANT BREAKDOWN (Schedule G Attached?) ANDIDATE COMMITTEES ONLY:   |  |            | _YES _x_NO   |  |

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

### For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

| · · · · · · · · · · · · · · · · · · ·                         |  |
|---|--|
| COMMITTEE NAME (Must be same as on Statement of Organization) |  |
| Ameristar PAC   |  |

| SCHEDULE<br><b>A</b><br>(Rev. 07/03) | MONETARY<br>RECEIPTS         |
|--------------------------------------|------------------------------|
| ·                                    | CK THIS BOX IF<br>NDING FORM |

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | √ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|--------------------------------|---|---|--|--------------------|---------------------------------------|
| 5/23/08                        | ID#<br>CK#  | Montgomery R. Terhune<br>614 Clovertrail Dr.<br>Chesterfield, MO 63017-2613 |  | \$500.00           |                                       |
|                                | ID#   | 0.000017 2010   |  |                    |                                       |
|                                | CK#   |   |  |                    |                                       |
|                                | ID#   |   |  |                    |                                       |
|                                | CK#   |   | 4  |                    |                                       |
|                                | ID#   |   |  |                    |                                       |
|                                | CK#   |   | ·  |                    |                                       |
|                                | ID#   |   |  | •                  | <u> </u>                              |
|                                | CK#   |   |  |                    |                                       |
|                                | ID#   |   |  |                    |                                       |
|                                | CK#   |   |  |                    |                                       |
|                                | ID#   |   |  |                    |                                       |
|                                | CK#   |   |  |                    |                                       |
|                                | ID#   |   |  |                    |                                       |
|                                | CK#   |   |  |                    |                                       |
|                                | ID#   |   |  |                    |                                       |
|                                | CK#   |   |  |                    |                                       |
|                                | ID#   |   |  |                    |                                       |
|                                | CK#   |   |  |                    |                                       |
|                                |   |   | SUB-TOTAL  |                    |                                       |

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

500.00

TOTAL (if last page of this schedule)

| 5382   |        |               |
|--------|--------|---------------|
| - 388  |        | destro B      |
| 3353   | NUMBER | 0.576.0110.00 |
| 200000 |        |               |

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE<br><b>B</b><br>(Rev. 07/03) | MONETARY<br>EXPENDITURES |
|--------------------------------------|--------------------------|
| _                                    | CK THIS BOX IF           |

| COMMITTEE NAM | E (Must be same as on | Statement of Organization) |
|---------------|-----------------------|----------------------------|
| Ameristar     | PAC                   |                            |

| DATE<br>EXPENDED<br>(MM/DD/YR)          | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE   | PURPOSE<br>(DESCRIBE TRANSACTION)         | AMOUNT<br>EXPENDED |
|---|--|--|---|--------------------|
| 6-30-08                                 | ID# <sub>1612</sub><br>CK# <sub>2500</sub>               | Citizens For Gronstal<br>220 Bennet Ave.<br>Council Bluffs, IA 51503 | Contribution for event in Council Bluffs. | \$ 1,000.00        |
| 7/14/08                                 | <sup>ID#</sup> 1490<br>CK# 2501                          | Shomshor for Iowa House<br>3018 Avenue M<br>Council Bluffs, IA 51501 | Contribution for event in Council Bluffs. | 300.00             |
|   | ID#<br>CK#   |  |   |                    |
|   | ID#<br>CK#   |  |   |                    |
| *************************************** | ID#<br>CK#   |  |   |                    |
|   |  |  | SUB-TOTAL                                 | \$                 |

SUB-TOTAL \$

TOTAL (if last page of this schedule)

<sup>\$</sup> 1,300.00

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

| _    |   | _  | - |  |
|------|---|----|---|--|
| Page | 1 | of | 1 |  |